The Shrewsbury and Telford Hospital NHS Trust

Quality & Safety Assurance Committee Key Issues Report

Report Date: 24 November 2021		**Report of:** Quality & Safety Assurance Committee
Date of last meeting: 24 November 2021		Membership- The meeting was quorate as defined by its Terms of Reference
1	**Agenda**	The Committee considered an agenda which included the following: • Safeguarding Summary Report • Maternity Transformation Summary Report • Maternity Safety Champion Summary Report • Infection Control Key Summary Report • Quality Operational Summary Report • Emergency Department Summary Report • Nursing, Midwifery and AHP Workforce Key Summary Report • Maternity Dashboard • Quality Indicators Integrated Performance Report • CQC/ Section 31 and 29a Update • Quarterly Falls Report • Serious Incident Overview • PALS, Complaints & Patient Experience Report • Legal Report • Quality Strategy • Locum Consultants • Safeguarding Deep Dive • End of Life Care Report • CNST • Getting to Good Highlights • BAF
2a	**Alert**	• Staffing challenges were reported as an ongoing issue in several of the reports presented to the Committee. • The Committee approved the recommendations regarding locum consultants' contracts and the development of a longer-term Trust strategy for locum consultants. • There is extreme pressure on the unscheduled care work with high demand and associated challenges in attaining triage assessment targets for both adults and children. There are difficulties in maintaining flow through the hospital bed base with reduced home care, nursing home and community bed capacity. There are a number of proactive approaches including booked slots for 111, seeking alternatives to A&E attendance and the development of speciality pathways • There is a further NHSI/E Infection Prevention and Control inspection scheduled in January. Current IPC challenges are maintaining some basic hygiene measures linked to commodes on wards and COVID-19 outbreaks on wards likely linked to more transmissible delta variant strains
2b	**Assurance**	• The Committee received a Safeguarding Deep Dive providing assurance around progress being made with a focus on policies and training. A Safeguarding Conference is being held on 25th

		November 2021. There are still challenges with regard to the rates of level 3 safeguarding training • The performance against sepsis identification and treatment targets has shown a sustained improvement. • QSAC reviewed and accepted the updated Maternity and Neonatal Safety Champions Pathway document. This describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS) and the Regional Chief Midwife, and has been reviewed in line with new perinatal quality surveillance model. This document has also been sent to the LMNS Board for approval, and meets the requirements of standard a) to CNST Safety Action 9 ("Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?"), which stipulates that the revised pathway should formalise how Trust-level intelligence will be shared with new LMNS/ICS and regional quality groups to ensure early action and support is provided for areas of concern or need. • Linked to the above, QSAC reviewed and discussed a locally agreed safety intelligence dashboard, containing data up to October 2021 and prepared by the Maternity and Neonatal Safety Champions Group. This complies with the measures set out in Appendix 2 of the Perinatal Quality Surveillance Model and draws on locally collected intelligence to monitor maternity and neonatal safety at Board meetings; this complies with the requirements of standard b) of Safety Action 9. This report will also go directly to the Board of Directors. The standard requires the dashboard to be discussed by the Board on a quarterly basis, but on the advice of the NHSE/I midwifery adviser, this will be provided monthly
2c	**Advise**	• Issues remain around high numbers of complaints and a business case is being developed to restructure the approach to complaints and PALs. The committee supported a new approach provided it committed and reported clear outcomes and addressed the current concerns in relation to performance • The newly implemented governance framework appears to be gaining traction within the divisions and was positively raised across a number of items. • The committee received a presentation looking at plans to address issues identified by CQC with respect to End of Life care. This plan is being reviewed to incorporate further CQC findings from their most recently published report • Falls within the hospital setting (mainly at the bedside) are increasing. This is also reflected in national trends. There is good evidence of improved assessments and training.
2d	**Review of Risks**	The committee worked with the Director of Governance and Communications to review the BAF risks. This enabled the committee to understand the rationale behind risk ratings and to provide constructive challenge. Each risk was reviewed. The workforce risk remains the highest rated risk and indeed many of the other risks would be reduced if the workforce capacity issue could be solved. As the executives indicated at the October meeting that there was "no likelihood of meeting urgent care quality standards linked to ambulance handover in the foreseeable future". The workforce risk was rated as 25. There are multiple initiatives including plans for a 3rd cohort of international clinicians, improvements in rota management, development of the nursing associate role and a

		vacancy tracker in place. The middle grade rota in A&E has been previously identified as an area of risk but has been consistently sustained.		
For Quality & Safety Assurance Committee the strategic risks that the committee was asked to consider are: BAF 1 Poor standards of safety and quality of patient care across the Trust results in incidents of avoidable harm and /or poor clinical outcomes BAF 2 The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience BAF 3 The Trust is unable to attract, develop and / or retain its workforce to deliver outstanding services BAF 4 A shortage of workforce capacity and capability leads to deterioration of staff experience, morale and well-being BAF 8 The Trust cannot fully and consistently meet statutory and / or regulatory healthcare standards The committee currently considers that these are appropriately rated				
3	**Actions to be considered by the Board**	• Report to be noted		
4	**Report compiled by**	*Ms Hayley Flavell, Director of Nursing, on behalf of the Chair*	**Minutes available from**	*Ali Kerr-Gold, Governance Support Officer*